## TRANSMITTAL LETTER

## P01000079092

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	PROPOSED CORPORA	S Online TENAME-MUST INCLU	DE SUFFIX)	Ł	
	1	00	0000452 -08/07/01- ******87.5	3000 01075 0 ****	OO 002 ⊕87.50
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status	of	
FROM: Trette Comero Name (Printed or typed)					
	18025 N.W	S3 Ave	nue j	SECRETARY	<u> </u>
	Miami, FL.	33015 State & Zip	? F	11-	111
	786 251-6 Daytime T	9299 Celephone number		OF STATE	) ၁

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

*NAME* 

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

The name of the corporation shall be:

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

All Your Needs Online, Inc.